DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Children and Family Services
CFS-2152 (Rev. 12/2003)

STATE OF WISCONSIN
Bureau of Milwaukee Child Welfare

ADOLESCENT ASSESSMENT / PLACEMENT STABILIZATION CENTER ADMISSION

Use of form: Provision of the child's Social Security Number is voluntary. However, providing the Social Security Number will aid in determining Title IV-E eligibility.

Name - Adolescent Assessment / Placement Stabilization Center

BMCW Case Number

Name - Child (Last, First, MI)

Birthdate - Child (mm/dd/yyyy)

Gender
☐ Male ☐ Female

Race / Ethnicity

Height	Weight	Hair Color	Eye Color

Identifying marks on child - Describe.

Name - School (if attending)

Current Grade Level

Address - School (Street, City, State, Zip Code)

Date - Admission

Time - Admission
☐ A.M. ☐ P.M.

Date - Mandatory Removal

Date - First Extension

Date - Second Extension

Date - Discharge

Time - Discharge

Destination

Court status: ☐ BMCW custody pending TPC ☐ TPC ☐ CHIPS

Child's prior living arrangement (Check all that apply and circle the most recent arrangement.)

☐ Parental home ☐ Foster home ☐ Group home ☐ Adolescent Assessment / Placement Stabilization Center
☐ Relative home ☐ Treatment foster home ☐ CCI / RTC ☐ Homeless

List names of siblings being placed with this child.

If siblings are being placed at other Adolescent Assessment / Placement Stabilization Centers, list their names and the facility names.

List child's medical conditions.

List any medication the child is currently taking and indicate if it has been provided to the center.

Medication	Provided to Center	Medication	Provided to Center
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No

Child has allergies - Specify.

Special dietary needs - Specify.

Name - Health Insurance Agent	Health Insurance Account Number
Name - Primary Physician	Telephone Number

Check characteristics and behaviors below that apply to the child.

- ☐ Abused
- ☐ Neglected
- ☐ Has a supportive family
- ☐ Outgoing and communicative
- ☐ Withdrawn / non-communicative
- ☐ A leader
- ☐ Open to change
- ☐ Highly motivated
- ☐ Poor motivation / lacking goals
- ☐ Independent in peer relationship
- ☐ Immature personality
- ☐ Aggressive behavior
- ☐ Delinquent peer group
- ☐ Gang affiliation
- ☐ Runaway history
- ☐ AODA
- ☐ Suicide threats
- ☐ Psychiatric / emotional difficulties

Explain any items checked above.

Name - Mother (Last, First, MI)	Telephone Number - Home	Telephone Number - Work
Address - Mother (Street, City, State, Zip Code)		Social Security Number

Name - Father (Last, First, MI)	Telephone Number - Home	Telephone Number - Work
Address - Father (Street, City, State, Zip Code)		Social Security Number

Name - Guardian (Last, First MI)	Telephone Number - Home	Telephone Number - Work
Address - Guardian (Street, City, State, Zip Code)		Social Security Number

Name - Admitting Worker	Telephone Number	Site

☐ After hours initial assessment ☐ Business hours initial assessment ☐ Ongoing case manager

Name - Supervisor	Telephone Number

Name - Assigned Worker	Telephone Number	Site

☐ After hours initial assessment ☐ Business hours initial assessment ☐ Ongoing case manager

Name - Supervisor	Telephone Number